

## Holmium Laser Enucleation of the Prostate (HoLEP)

Holmium laser enucleation of the prostate (HoLEP) is a surgery done on people with enlarged prostates. The enlarged prostate is blocking the flow of urine. By removing the blockage, it is easier to empty your bladder. A laser is used to remove the blocking tissue. There are no incisions made on your body. The tissue is then removed and tested. HoLEP has several benefits. This surgery is used on patients with very large prostates and patients that take blood thinners. In addition, HoLEP has a low retreatment rate. <1% of patients need more procedures after 10 years.

### Before Surgery

A pre-operative history and physical (H&P) will be done. This will be done with a Urology advanced practice provider or your primary care physician. If you have a bladder infection before surgery, please take antibiotics as directed. Surgery will be canceled if you have a bladder infection on the day of surgery. Follow instructions given to you at the Pre-Operative visit. Pay careful attention to the medicine directions. You will be told which medicines to take and which ones to stop before surgery.

### Day of Surgery

Surgery may take between 1-3 hours. It depends on the size of the prostate. After surgery a urinary catheter is placed. The catheter is also used for irrigation. Irrigation washes the surgical area. Then the irrigation is stopped. Most patients are discharged home, with the catheter, within 2-3 hours of surgery.

Nursing staff will assist you with proper catheter care. For some, overnight admission to the hospital is needed to watch urine drainage.

### Recovery and Activity Restrictions

You will have a catheter in your bladder when you go home. The catheter stays in for 2 to 5 days. While you have the catheter, activity should be limited to careful walking. You should avoid all strenuous activity, including straining with bowel movements.

Sometimes a stool softener is given to maintain soft, easy bowel movements during the healing period. **Do not** lift more than 20 lbs. while there is still visible blood in the urine. You may see blood in the urine for 2-3 weeks after surgery. It could last longer if you are taking a blood thinner.

**One of the most important parts of recovery is to drink large volumes of fluid.** After surgery, it is advised that patients drink between 12 cups and 16 cups of water a day. This helps to keep the urine diluted and to lessen clotting of any blood in the urine.

Most patients have very little pain after surgery. It is common to feel a strong urge to urinate. This is a sensation. Your catheter is draining the urine. Acetaminophen 650mg every 6 hours, as needed, can be taken for this discomfort. The feeling is most intense right after surgery while the catheter is in place. However, it may persist after the catheter is removed. This is because the surgical area is healing.

The catheter is usually removed within 2-5 days of surgery. After the catheter is removed, some patients will have brief leakage of urine. It is best to be prepared and buy yourself pads to collect any urine leakage. It is also very common to have urinary urgency and urinary frequency. This is in addition to the incontinence. This can last for up to 3 months after surgery. Discuss this with your doctor or surgeon. Pelvic Physical therapy may be an option for you. It can be used to strengthen the pelvic muscles before or after surgery.

Because the prostate tissue has been removed, there will no longer be fluid with ejaculation. Erections may be briefly impaired after surgery. After a healing period of 3-6 months, most patients resume normal sexual activity. Some medicine such as Viagra (sildenafil) may be needed to assist with erectile function.

The large surface area where the prostate tissue was removed will go through stages of healing. This healing will happen over a period of months. Most patients will find that they start passing pieces of tissue in their urine. This is normal as the internal “scab” sloughs off during the healing process.

### **When to Call**

- You cannot pass urine
- You pass large blood clots
- Temperature is more than 100.4° F by mouth for 2 readings taken 4 hours apart

### **Follow-Up Care**

Your first follow-up visit will be made for you before you go home.

### **Who to Call**

UW Health Urology  
**608-263-4757**

East Madison Hospital- Urology  
**608-440-6464**

1 S. Park Medical Center- Urology  
**608-287-2900**

**After Hours, Weekends, and Holidays**, the clinic number is answered by the paging operator. Ask for the Urology Doctor on call. Leave your name and phone number with the area code. The doctor will call you back.

**Toll Free: 1-844-607-4800**

Your urology doctor is Dr.

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Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2022 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8092.